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Angela N. Trafton

(Depositor's name)

Angela N. Trafton

(Signature)

3/19/2001

(Date)

APPLICATION NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

13/P02,187

12/31/97

029

VU, -

2152

10/13/99

First Named Applicant

HABERYAN,

95 USC 134(b) term ext. = 0 Days.

TITLE OF INVENTION

SYSTEM AND METHOD FOR DETERMINING A PATENT APPLICATION'S STATUS IN A PATENT OFFICE

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

13-P02-187

7-00-134.00

180

UTILITY

NO

\$1240.00

10/13/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE MCI Communications Corporation

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Washington, DC

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Paul A. Roberts Reg# 40,289

(Date)

3/19/01

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